COVERSHEET

EIA Program Report for Fiscal Year 2005-06 And Budget Request for Fiscal Year 2006-07

Completed Program Report/Budget Request Not To Exceed Eight Pages and Must Be In At Least Ten-Point Type

15 Copies and One Electronic File Are Requested by October 1, 2005

| EIA PROGRAM NAME: | Autism Paren | t School Partnership |
|---|-----------------------------------|------------------------------------|
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| PROGRAM FISCAL MANAGE Program Fiscal Office | | ary Bennett |
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| Signature: | | |
| Date: | 10/2/0 | 5 |

Fiscal Year 2005-06 EIA Program Report

EIA Program Name: _ Autism Parent-School Partnership

The purpose of this report is to determine the effectiveness of the program in meeting its objectives during the prior fiscal year. The report also requests information on the objectives of the program during the current fiscal year. Please answer the following questions and provide quantifiable results when available.

<u>Effectiveness Measures: (See attached definition of terms and directions)</u>

1. What were the objectives of this program during Fiscal Year 2004-05?

The Parent-School Partnership Program's mission is to assist children with autism spectrum disorders to reach their maximum potential in the educational system. The program will build collaboration between parents and schools, recognizing that both are essential partners in the child's education.

OVERALL PROGRAM OBJECTIVES:

a.) To facilitate partnerships between school personnel and the parents of students with autism spectrum disorders. b.) To strengthen mutual respect and understanding between parents and school personnel. And c.)To join parents and schools in guiding each child toward knowledge and independence.

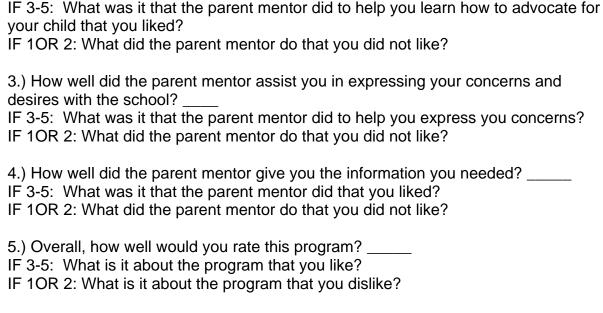
Program Goals:

- **GOAL 1:** To provide a parent mentor to assist with building a working relationship between the school and the parents. At least 85% of those we work with will report the parent mentor assisted in building this partnership.
- **GOAL 2:** To assist parents in understanding their role as an advocate for their child. At least 85% of parents will report that they have a better understanding of their role as a result of the parent mentor.
- **GOAL 3:** Model behavior for parents to learn how to express their concerns and desires with the school. At least 85% of parents will report that they feel better able to express their concerns and desires as a result of working with a parent mentor.
- **GOAL 4:** To provide information about autism to both the parents and the school. Information will be provided to at least 1,750 people during the fiscal year.

- 2. Were the Fiscal Year 2004-05 objectives met? Please provide specific, quantifiable data and explanations.
 - **GOAL 1:** 97.6% of those surveyed reported that they believed the parent mentor helped to build a positive working relationship between the school and the parents. This program saw a 9% increase in the number of families worked with.
 - **GOAL 2:** Of those parents surveyed, 94.2% reported an increased knowledge as to their understanding their role as an advocate for their child.
 - **Goal 3:** Of parents surveyed, 98.0% reported the parent mentor assisted them well in expressing their concerns.
 - **Goal 4:** During the fiscal year, we mailed 652 informational packets out to schools and families (12.2% increase over FY 03/04), received 427 additional phone calls (no packet mailed), and reached 1619 individuals through workshops, presentations, and mailings for a total information be provided to 4,011, a 37% increase.
- 3. What are the objectives of this program in the current fiscal year, Fiscal Year 2005-06? Explain how, if any, the objectives have changed from the prior fiscal year and why. OVERALL PROGRAM OBJECTIVES:
 - 1. To facilitate partnerships between school personnel and the parents of students with autism spectrum disorders.
 - 2. To strengthen mutual respect and understanding between parents and school personnel.
 - **3.** To join parents and schools in guiding each child toward knowledge and independence
- 4. What measures or data will be used to assess the effectiveness of this program in meeting its objectives for the current fiscal year, Fiscal Year 2005-06?

We use a phone survey. We have a controlled mechanism to select files and call them for a quick feed back survey. Additionally, as our parent mentors work with schools and families, they collect data. These two mechanisms are used to measure the programs effectiveness.

| the programs effectiv | eness. | | | |
|---|--------------------------------|-----------------|--|-------------|
| Below are the que | estionnaire used | during the p | hone surveys: | |
| All questions are mea | asured using the | e following sc | ale: | |
| 5 | 4 | 3 | 2 | 1 |
| Exceptionally well well | Very well | Well | Not very well | Not |
| school district and yo IF 3-5: What was it the like? | ur family? hat the parent m | nentor did to I | positive relationship bouild the relationship to | hat did you |
| 2.) How well did the p | parent mentor he | elp you learn | ways to advocate for | your child? |



- 6.) Are there any other comments you would like to make about this program?
- 5. What measurable actions will be taken to assure that the program objectives of the current fiscal year, Fiscal Year 2005-06, will be met?

Parent mentors are required to turn in their data collections sheets each month. These are reviewed monthly by the program director so any adjustments can be made. Additionally, the phone surveys are completed quarterly with the results being reported to the program director and the president and CEO. Staff also receive periodic training and support throughout the program year.

Fiscal Year 2006-07 EIA Budget Request

| EIA Pi | rogram Name: Autism Parent-School Partnership |
|-------------------|--|
| Improv funding | nation provided below will be used by the EIA and vement Mechanisms Subcommittee in recommending glevels for this EIA program in Fiscal Year 2006-07 and proviso changes. |
| (1) | FY 2005-06 |
| | Base Appropriation: \$_250,000 |
| (2) | FY 2006-07 |
| | Total Amount Requested: \$_250,000 |
| | 0 % Increase Requested over FY 2005-06 Base |
| | 0 % Decrease Requested over FY 2005-06 Base |
| (3) | Cost Estimates for Increase or Decrease in Funding for FY 2006-07 |
| | Identify how the requested increase or decrease in funding was calculated. For example, inflationary increases, program expansions, program reductions changes in program objectives, etc., impact budgets Please be specific. No change is being requested at this time. |
| | |

Fiscal Year 2006-07 EIA Budget Request Continued

| (4) | Detailed justification for increase, decrease or maintenance of funding |
|-----|---|
| | Based upon the total budget request for Fiscal Year 2006-07, what would be the program objectives for this program? Explain how the proposed increase, decrease or maintenance of funding affects the current program objectives. _n/a |
| | |
| | |
| (5) | Detailed Justification for any additional FTEs Requested |
| | |
| | |

Fiscal Year 2006-07 EIA Budget Request Continued

(6) Please complete the following chart which will provide detailed budget and expenditure history.

| | 2003-04 | 2004-05 | 2005-06 | 2006-07 |
|-------------------------------|---------|---------|-----------|-----------|
| Funding Sources | Actual | Actual | Estimated | Requested |
| EIA | 238,653 | 250,000 | 250,000 | 250,000 |
| General Fund | | | | |
| Lottery | | | | |
| Fees | | | | |
| Other Sources | | | | |
| Grant | | | 15,000 | 15,000 |
| Contributions, Foundation | 13,107 | 14,000 | 10,000 | 10,000 |
| Other (Specify)-United Way | 10,000 | 13,500 | 13,500 | 13,500 |
| Fundraising | 8,000 | 10,523 | 5,415 | 13,667 |
| | | | | |
| Carry Forward from Prior Year | 0 | 0 | 0 | 0 |
| TOTAL: | | 288,023 | 293,915 | 301,667 |

| | 2003-04 | 2004-05 | 2005-06 | 2006-07 |
|----------------------------------|---------|---------|-----------|-------------|
| Expenditures | Actual | Actual | Estimated | Anticipated |
| Personal Service | 224,026 | 250,888 | 258,415 | 266,167 |
| Supplies & Materials | 9,776 | 8,987 | 7,000 | 7,000 |
| Contractual Services | 8,500 | 553 | 500 | 500 |
| Equipment | | | | |
| Fixed Charges | 4,493 | 5,210 | 5,000 | 5,000 |
| Travel | | | | |
| Allocations to Districts/Schools | | | | |
| Employer Contributions | | | | |
| Other: Printing and Postage | 4,736 | 4,836 | 4,000 | 4,000 |
| Mileage | 7,989 | 8,224 | 9,000 | 9,000 |
| Occupancy/Utilities/Phone | 10,250 | 10,213 | 10,000 | 10,000 |
| Carry Forward to Prior Year | | | | |
| TOTAL: | 269,760 | 288,023 | 293,915 | 301,667 |
| # FTES | 6.75 | 8.75 | 9.25 | 9.25 |

Fiscal Year 2006-07 EIA Budget Request Continued

Proviso Changes: Please indicate any additions, deletions or amendments to existing provisos below:

| No changes requested | No | chan | ges | regi | uested | Ł |
|----------------------|----|------|-----|------|--------|---|
|----------------------|----|------|-----|------|--------|---|

| o changes requested |
|--|
| A. Proviso Number: |
| B. Action (Indicate Amend, Delete, or Add): |
| C. Summary of Existing or New Proviso: |
| D. Explanation of Amendment to/or Deletion of Existing Proviso: |
| E. Justification (Why is this action necessary?): |
| F. Fiscal Impact (Include impact on all sources of funds state, federal, and other): |
| G. Submitted By (Include agency name submitting change contact name and telephone number): |
| H. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline: |

Definition of Terms and Directions

EIA Program Name: Name of the program or entity as reflected in the EIA budget

Effectiveness Measures: Quantifiable data that illustrate how effective the program is in meeting its mission or objectives. It is important to include the program mission statement or objectives of the program. Included must be the objectives of the program for the prior completed fiscal year, FY2004-05 and documentation about the effectiveness of the program in meeting these objectives. Also, please include the program objectives for the current fiscal year, FY 2005-06, and the measures that will be used to assess the effectiveness of the program in meeting these objectives. The goals or objectives should be in terms that can easily be quantified, evaluated and **assessed**. Please include the number of students served, the percentage increase or decrease in services provided, summary information from any recent internal or external evaluations of the program, and information contained in any budget request to the Budget and Control Board. effectiveness measures should be reflected in quantifiable and not anecdotal data. For example, "there was a 5% increase in the total number of students in the program resulting in an additional 100 students and a 10% increase in the total number of minorities in the program over the past three years." Also included must be the proposed actions to meet the current year's objectives and the data to be reported to show whether the objectives are met.

<u>EIA Budget Request:</u> Indicate the current year's EIA appropriation and for Fiscal Year 2006-07, any increase or decrease requested in funding along with the percentage change calculated. The detailed justification should include a written explanation for any increase, decrease <u>or</u> maintenance of funding for the program. Please provide detailed information showing how the proposed budget for Fiscal Year 2006-07 will impact the current objectives of the program. Also include a justification for any additional personnel (FTEs) requested or any additions, deletions or amendments to existing provisos. Please provide detailed information on the EIA program's budget including source of funds and expenditures. Allocations to schools and districts include any pass through funds.